

Speech-Language Technician Alternative Route to Licensure Application

Reminder: You must complete a background check before completing this application.

*=response not required

PERSONAL INFORMATION

Last Name	First	Middle	Maiden
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Street Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone	Date of Birth	CACTUS ID	Ethnicity*	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email
<input type="text"/>

Are you a U.S. Citizen? Yes ☐ No ☐

If no, does your residency or visa status permit employment? Yes ☐ No ☐

Are you currently working in a licensed position? Yes ☐ No ☐ If yes, complete the following:

If no, contact Crystal Thomas: 801-538-7589 or crystal.thomas@schools.utah.gov.

LEA (District or Charter School)
<input type="text"/>

Supervising Administrator	Email	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Supervising SLP	Email	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>

EDUCATION

College or University	Degree	Date Received	Major	Minor
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Minimum training to be accepted into the SLT ARL program is a Bachelor's Degree in Communication Disorders. Please provide Special Education with an **original transcript** with your degree posted.

CONVICTION HISTORY

Have you ever been convicted of violating any law (except minor traffic violations)? You must report Driving Under the Influence convictions. Yes ☐ No ☐

I verify that the above statements are true.

Signature

If a background check reveals that you have made false statements, your license may be revoked.

Submit this document by mail:
UTAH STATE BOARD OF EDUCATION
ATTN SPEC ED BECKY LEWIS
250 E 500 S
PO BOX 144200
SALT LAKE CITY UT 84114-4200

Questions? Please contact
Crystal Thomas
801-538-7589
crystal.thomas@schools.utah.gov